

Case Number:	CM13-0036127		
Date Assigned:	06/09/2014	Date of Injury:	10/13/2011
Decision Date:	07/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female who sustained an injury on 10/13/12 while bending into a car. The injured worker developed complaints of low back pain with associated numbness in the right lower extremity in L4 nerve root distribution. Prior treatment included anti-inflammatories however she developed gastrointestinal discomfort with this class of medications. Previous MRI showed evidence of grade 1 anterolisthesis at L4-5. The injured worker was provided Prilosec to address gastrointestinal upset from anti-inflammatories. The injured worker was provided previous aquatic therapy. Other medications included the use of Percocet Ambien and topical analgesics for pain. The injured worker was recommended for epidural steroid injections however it was unclear if these were ever performed to date. The injured worker was seen on 06/12/13 for pain management. The injured worker continued to report acute complaints of low back pain severe 8/10 on Visual Analogue Scale (VAS) radiating to the right lower extremity which was aggravated by standing or sitting for longer than 15 minutes. Physical examination noted no focal motor deficits. Straight leg raise was positive to the right at 30 degrees. Paraspinal tenderness to palpation was noted. This note did not specifically discuss the use of either gabapentin or baclofen. The requested gabapentin and baclofen of unknown duration or frequency was denied by utilization review on 09/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE PRESCRIPTION OF GABAPENTIN/BACLOFEN (DURATION AND FREQUENCY UNKNOWN). DISPENSED 6/21/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: In regard to the requested Baclofen and Gabapentin of unknown quantity or duration prescribed on 06/21/13, this reviewer would not have recommended these medications as medically necessary. In review of clinical records by treating physician from 06/12/13 there was no specific discussion regarding the use of either baclofen or gabapentin. No other updated clinical records were available for review after the 06/12/13 evaluation. Given the lack of any clear rationale for baclofen or gabapentin, and as the request was not specific regards to duration or frequency this reviewer would not have recommended the request.